UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



SEC 1972 92-99) 1 of 9

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMP/TION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Acquisition of Media Sentry, Inc.
Filing Under (Check box(es) that apply: Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
SafeNet, Inc. JUN 2 7 2005
Address of Executive Offices (Number and Street, City, State, Zip Code) 4690 Millennium Drive, Belcamp, MD 21017 Telephone Number (Including Area Code) (443) 327-7500 THOMSON
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) N/A N/A Telephone Number (Including Area Code) N/A
Brief Description of Business The issuer develops and sells Internet security technology.
Type of Business Organization ☑ corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed Month Year
Actual or Estimated Date of Incorporation or Organization 11 88 🗵 Actual 🗆 Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction) DE
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.
ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.
Potential persons who are to respond to the collection of information contained in this form are
not required to respond unless the form displays a ourrently valid OMP control number

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - . Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Pron	noter 🗆 Bene	ficial Owner⊠	Executive Officer	\boxtimes	Director	☐ Gene	ral and/or
E 1131 G C (6) 15.1	31						Managing Partner
Full Name (Last name first, if individ	duai)						
Caputo, Anthony A. Business or Residence Address (Nur	mber and Street City	State Zin Cod	e)				
4690 Millennium Drive, Belcamp, I		, State, Zip Cou	c)				
Check Box(es) that Apply: ☐ Pron		neficial Owner	☐ Executive Offi	icer⊠	Director	☐ Gene	ral and/or
Chock Box(63) and rapply.							Managing Partner
Full Name (Last name first, if indivi-	dual)						
Brooks, Thomas A.		· · · · · · · · · · · · · · · · · · ·					
Business or Residence Address (Nur 4690 Millennium Drive, Belcamp,		, State, Zip Cod	e)				
Check Box(es) that Apply: Pro		neficial Owner	☐ Executive Of	ficer	×	Director	☐ General and/or
							Managing Partner
Full Name (Last name first, if indivi-	dual)						
Clark, Andrew E.							
Business or Residence Address (Nur 4690 Millennium Drive, Belcamp, I		, State, Zip Cod	e)				
Check Box(es) that Apply: Prop	moter Ben	eficial Owner	☐ Executive Off	ficer	×	Director	☐ General and/or
E 1121 - G	1 -1\						Managing Partner
Full Name (Last name first, if individed Harrison, Shelley A.	·						
Business or Residence Address (Nur		, State, Zip Cod	e)				
4690 Millennium Drive, Beicamp, I		-2- :- :					· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: Prop		eficial Owner	☐ Executive Off	icer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual, Ira A., Jr.	dual)						
Business or Residence Address (Nur	mber and Street, City	. State, Zip Cod	e)				
4690 Millennium Drive, Belcamp, I			•				
Check Box(es) that Apply: Prop		eficial Owner	☐ Executive Off	ficer	×	Director	☐ General and/or Managing Partner
Full Name (Last name first, if indivi-	dual)		· · · · · · · · · · · · · · · · · · ·				Trianging Latitor
Thaw, Bruce R.	,						
Business or Residence Address (Nur 4690 Millennium Drive, Belcamp, I		, State, Zip Cod	e)				
Check Box(es) that Apply: Property:		eficial Owner	☐ Executive Off	ficer	×	Director	☐ General and/or
							Managing Partner
Full Name (Last name first, if indivi-	dual)						
Money, Arthur L.						······································	·
Business or Residence Address (Nur		, State, Zip Cod	e)				
4690 Millennium Drive, Belcamp, I Check Box(es) that Apply: □ Properties		eficial Owner	☐ Executive Off	Gaan	[S 2]	Director	☐ General and/or
		encial Owner	- Executive Off		<u> </u>	Director	Managing Partner
Full Name (Last name first, if indivi-	dual)						
Straub, Walter W.	1. 10: .0:	St. 1. 3: 6 :					
Business or Residence Address (Nur		, State, Zip Cod	e)			•	
4690 Millennium Drive, Belcamp, I	RU 2101/						

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - . Each general and managing partner of partnership issuers.

Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Argo, Carole D.					
Business or Residence Addr		eet, City, State, Zip Code)			
4690 Millennium Drive, Bel					·/· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner Exec	cutive Officer □ Direct	ctor Gener	al and/or
					Managing Partner
Full Name (Last name first, Mueller, Kenneth A.	if individual)				
Business or Residence Addr	ess (Number and Str	eet, City, State, Zip Code)			
4690 Millennium Drive, Be	lcamp, MD 21017				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Lesem, Steve					
Business or Residence Addr	ess (Number and Str	eet, City, State, Zip Code)			
4690 Millennium Drive, Bel	lcamp, MD 21017				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner Exec	utive Officer Dire	ctor 🗆 Gener	al and/or
					Managing Partner
Full Name (Last name first,	if individual)				
Fedde, Chris S.					
Business or Residence Addr		eet, City, State, Zip Code)			
4690 Millennium Drive, Bel					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
77.11.71					Managing Partner
Full Name (Last name first,	it individual)			,	
D.:	OI				· · · · · · · · · · · · · · · · · · ·
Business or Residence Addr	ess (Number and Su	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner☐ Exec	utive Officer Dire	ctor 🗆 Gener	al and/or
Eull Name (Lost name first	ie in dividual)			·	Managing Partner
Full Name (Last name first,	ii individuai)				
Business or Residence Addr	acc (Number and Str	eet City State Zin Code)	· · · · · · · · · · · · · · · · · · ·		
Dusiness of Residence Addition	css (14milloci aliu sii	cci, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner☐ Exec	utive Officer Dire	ctor [] Gener	al and/or
onour non(on) man rippiy.		- Delicitorial Owner Care	anto Officer in Diffe	vioi - Golloi	Managing Partner
Full Name (Last name first,	if individual)				Transping I multi
	/				
Business or Residence Addre	ess (Number and Str	eet, City, State, Zip Code)			
	,	, , , , , , , , , , , , , , , , , , , ,			
	· · · · · · · · · · · · · · · · · · ·				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

						B. IN	FOR	MAT	ION	ABC)UT	OFFERING	*****		
1.	Has the i	issuer so	old or de		issuer ir er also i							his offering? E.		Yes ⊠	No
2.	What is t	he mini	mum in	vestme	nt that v	vill be a	ccepted	from a	ny indi	vidual?				\$ <u>N/A*</u>	
3.	Does the	offerin	g permi	it ioint c	ownersh	ip of a s	single u	nit?						Yes	No ⊠
4.	Enter the commiss offering. and/or wassociate	e inform sion or s If a pe ith a sta ed perso	ation re imilar r rson to ite or stans ns of su	equested remuner be liste ates, list uch a bro	I for eac ation fo d is an a t the nar oker or	h persor solicit ssociate ne of th dealer,	n who hation of ed perso e broke	nas beer purcha on or ag r or dea	sers in ent of a ler. If	connec a broken more th	tion wi or dea an five	ven, directly or indirectly, and the sales of securities in the ler registered with the SEC (5) persons to be listed are that broker or dealer only.	у		
Full	Name (L	ast nam	e first, i	if indivi	dual)										
Busi	ness or R	esidenc	e Addre	ess (Nu	mber an	d Street	, City, S	State, Z	ip Cod	e)		·			
Nam	e of Asso	ociated	Broker	or Deal	er				********		<u> </u>				
State	s in Whi	ch Perso	on Has	Solicite	d or Inte	ends to	Solicit I	urchas	ers		***************************************		· · · · · · · · · · · · · · · · · · ·	- ** *	
(Che	ck "All	States"	or chec	k indivi	dual Sta	ıtes)			• • • • •			All States			
[AL	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[I N]			[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT	[NE]	[NV]	[NH]	[N 1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
	[S C]					[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full	Name (L	ast nam	e first,	if indivi	dual										
Busi	ness or R	esidenc	e Addre	ess (Nu	mber an	d Street	, City, S	State, Z	ip Cod	e)					····
Nam	e of Asso	ociated	Broker	or Deal	er										
State	s in Whi	ch Perso	on Has	Solicite	d or Inte	ends to	Solicit I	urchas	ers		·, ·				······································
(Che	ck "All	States"	or chec	k indivi	dual Sta	ites)						All States			
[AL	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[I L]	[I N]	[I A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT	[NE]	[NV]	[NH]	[N 1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[R I]	[S C]	[S D]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full	Name (L	ast nam	e first,	if indivi	dual										
Busi	ness or R	tesidenc	e Addre	ess (Nu	mber an	d Street	, City, S	State, Z	ip Cod	e)			_		
Nam	e of Asso	ociated	Broker	or Deal	er										
State	s in Whi	ch Perso	on Has	Solicite	d or Inte	ends to	Solicit I	urchas	ers						
(Che	ck "All	States"	or chec	k indivi	dual Sta	ites)		<i>.</i>	• • • • •			All States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[I L]	[I N]	[I A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT	[NE]	[NV]	[NH]	[N J]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[R I]	[S C]	[S D]	[TN]	[XX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			

Not applicable because the issuance was in connection with an exchange of common stock of MediaSentry, Inc. for certain merger consideration, including shares of common stock of SafeNet, Inc., and no money was paid to SafeNet, Inc.

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "Zero". If the transaction is an exchange offer-

ing, check this box
and indicate in the column below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Sold Offering Price \$ \$ 0 Debt 0 193,681 shares** 193,681 shares** 0 0 \$ 0 \$ 0 Partnership Interests.... \$ 0 0 Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" is answer is "none" or "zero". Aggregate Number **Dollar Amount** Investors of Purchases 7 ** 8 NA N/A Answer also in Appendix, Colum 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of **Dollar Amount** Type of offering Security Sold N/A \$ N/A N/A \$ N/A N/A \$ N/A \$ N/A N/A a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$0 Printing and Engraving Costs. \$0 \$100,000 \boxtimes Accounting Fees \boxtimes \$ 10,000 \$0 Sales Commissions (Specify finder's fees separately)..... \$0 X\$5,000 \$115,000 Total.....

^{**} In connection with this offering, all of the issued and outstanding shares of common stock of MediaSentry, Inc. were exchanged for merger consideration consisting of an aggregate of approximately \$14 million in cash and 193,681 shares of common stock of SafeNet, Inc.

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Enter the difference between the aggregate offering given in response to Part C-Quand total expenses furnished in response to Part C-Questions 4.a. This difference "adjusted gross proceeds to the issuer."			
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propose be used for each of the purposes shown. If the amount for any purpose is not kn furnish an estimate and check the box to the left of the estimate. The total of the payre listed must equal the adjusted gross proceeds to the issuer set forth in response to Pa Question 4.b. above	own, nents		
	C C	yments to Officers, Directors Affiliates	Payments To Others
Salaries and fees			
Purchase of real estate	0		
rurchase, rental or leasing and installation of machinery and equipment			
Construction or leasing of plant buildings and facilities	۵		
Acquisition of other businesses (including the value of securities involved in this offering hat may be used in exchange for the assets or securities of another issuer pursuant to a nerger)		0	
Repayment of indebtedness			
Vorking Capital			
Other Specify			
Column Totals			
Total Payments Listed (colum totals added)	Ð	⊠ *	**
*** Because the issuance was in connection with an exchange of securities, issued and outstanding shares of common stock of MediaSentry, Inc.	the issuer re	alized no proceeds	other than the
D. FEDERAL SIGNATU	IRF		CO-2-100 PL CL - C

Issuer (Print or Type)
SafeNet, Inc.

Signature

Date

JUN 05

mo grew

Name of Signer (Print or Type)

Kevin Hicks

Title of Signer (Print or Type)

General Counsel and Secretary

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Provisions of such rule?								
		See Appendix, Column 5, for state responses							
2.	The undersigned issuer hereby undertakes to CFR 239.500) at such times as required by s	furnish to any state administrator of any state in vatate law.	which this notice is filed, a notice on Form D (17						
3.	The undersigned issuer hereby undertakes to offerees.	furnish to the state administrators, upon written re	quest, information furnished by the issuer ot						
4.		suer is familiar with the conditions that must be sat which this notice is filed and understands that the is ditions have been satisfied.							
	issuer has read this notification and knows the authorized person	e contents to be true and has duly caused this notic	e to be signed on its behalf by the undersigned						
	er (Print or Type) eNet, Inc.	Signature Their Zich	Date 22 JUN 05						
	ne of Signer (Print or Type) i n Hicks	Title of Signer (Print or Type) General Counsel and Secretary							

Instruction

Print the name and title of signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2	;	3		5				
	Intend t	o sell to	Type of security and aggregate offering price		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
	invest Sta (Part B-	ors in ite	offered in state (Part C-Item 1)						
				Number of Accredited		Number of Nonaccredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL									.,
AK					······································				
AZ									
AR									
CA									
CO									
CT									
DE		:							
DC									
FL									
GA		X	common stock(1)	1	(1)	0	N/A		X
HI									
ID									
IL									
IN									
IA									
KS					· · · · · · · · · · · · · · · · · · ·				
KY									
LA					 				
ME									
MD					·				
MA									
MI		1					· · · · · · · · · · · · · · · · · · ·		
MN								-	
MS							 	1	
MO						-			

APPENDIX

1	2	2	3		5				
	Intend to sell to non-accredited investors in - State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	A	Disqualification under State ULOE (if yes, attach Explanation of Waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ	X		common stock(2)	2	(2)	2	(2)		X
NM									
NY	X		common stock(3)	3	(3)	2	(3)		X
NC									
ND									
ОН	X		common stock(4)	0	(4)	4	(4)		Х
OK									
OR									
PA									
RI					· · · · · · · · · · · · · · · · · · ·				
SC									
SD									
TN									
TX		X	common stock(5)	1	(5)	0	N/A		X
UT									
VT									
VA					· · · · · · · · · · · · · · · · · · ·				
WA									
WV									
WI									
WY									
PR									

⁽¹⁾ As part of the merger consideration, 6,509 shares of common stock of SafeNet, Inc. were issued to a former stockholder of MediaSentry, Inc. residing in Georgia.

⁽²⁾ As part of the merger consideration, an aggregate of 96,555 shares of common stock of SafeNet, Inc. were issued to former stockholders of MediaSentry, Inc. residing in New Jersey.

As part of the merger consideration, an aggregate of 46,042 shares of common stock of SafeNet, Inc. were issued to former stockholders of MediaSentry, Inc. residing in New York.

⁽⁴⁾ As part of the merger consideration, an aggregate of 30,047 shares of common stock of SafeNet, Inc. were issued to former stockholders of MediaSentry, Inc. residing in Ohio.

⁽⁵⁾ As part of the merger consideration, 14,528 shares of common stock of SafeNet, Inc. were issued to a former stockholder of MediaSentry, Inc. residing in Texas.